Skin Cancers in Hawaii (1993)

Norman Goldstein MD, FACP*

Basal cell cancers are the most common of all cancers. They rarely metastasize and very rarely kill. Melanomas, however, do kill! An estimated 20 people in Hawaii will die this year from malignant melanoma. Early diagnosis and treatment can save much morbidity—surgery, scars and other defects—and can save lives. This manuscript reviews melanoma data from several agencies in Hawaii and from the experience of the author's private practice. In his private practice, he has seen the incidence of melanomas jump from an average of one a year in 1970 to 1975 to 7.4 each year between 1986 and 1990. While basal cell cancers and melanomas occur more in Caucasians, they are seen *in all races. Everyone can get skin cancer and melanoma. Physicians must teach their patients to* Practice Safe Sun— Hawaii.

Basal cell cancers, the most common type of all skin cancers, are not reportable to any state or national recording agency. The American Cancer Society projects more than 700,000 new cases of basal and squamous cell cancers in 1993[1].

Stone and Elpern, Hawaii dermatologists, and their associates did a very thorough study of non-melanomas on the island of Kauai between January 1, 1983 and December 31, 1983[2]. In their review of 131 Kauai residents with non-melanoma skin cancers, 89 had basal cell cancers and 24 had squamous cell carcinomas (5 had melanomas). The ethnic distribution was as might be expected.

Table 1:

Ethnic Group	Basal Cell Cancer	Squamous Cell Cancer
Caucasion	80	19
Japanese	7	4
Filipino	1	1
Part Hawaiian	1	0
Totals	89	24

* Clinical Professor, Medicine (Dermatology)
John A Burns School of Medicine
University of Hawaii

Send reprint requests to:
Norman Goldstein MD FACP
1128 Smith Street, Honolulu, HI 96817

The authors also clearly showed the incidence of non-melanoma skin cancers on Kauai to be significantly higher than anywhere on the Mainland. The age-adjusted incidence for basal and squamous cell carcinoma was over twice that of New Orleans, 2.5 times that of New Mexico, and 5 times that of Seattle.

Dermatologists, plastic surgeons and pathologists agree that basal cell cancer is the most common of all cancers. Fortunately these rarely metastasize but do invade locally if untreated; hence, the old name "rodent ulcer." Deaths from basal cell cancers are very, very rare.

Melanomas, on the other hand, do kill. The American Cancer Society estimates 6,800 deaths from melanoma (4,200 male and 2,600 female) in 1993. They also estimate a total of 32,000 (17,000 male and 15,000 female) new melanomas will be diagnosed in the United States this year. Hawaii will have 70 of them, with 20 deaths!

Despite the fact that the number of melanoma deaths in Hawaii is relatively low compared to 425 lung cancer, 200 colon and rectal cancer, 100 breast cancer and 100 prostate cancer deaths, many of these melanoma deaths could be prevented with early diagnosis and treatment. This article will review the melanoma data from several sources in Hawaii:

- Queen's Medical Center (QMC)—Oncology Data Registry
- Cancer Research Center of Hawaii (CRCH)—Epidemiology Program
- Hawaii Medical Association — Hawaii Tumor Registry (HMA-HTR)

Between 1960 and 1961, The QMC Oncology Registry recorded 224 melanoma cases (141 male and 83 female). By far the largest ethnic group was Caucasian, 182 (81.3%); Hawaiian, Filipino and Japanese (11,10 and 9% respectively); Chinese 3 and others 9. The highest age groups with diagnosed melanoma were at 50 to 59 years (52 patients) and 60 to 69 years (55 patients). It should be noted that 4 patients out of the total were 19 years of age or younger, and 14 were aged 20 to 29 years.

The latest data available at this time at QMC indicate 4 more melanomas in the first 6 months of 1992 (2 Caucasian, 1 Hawaiian/part-Hawaiian, and 1 other). There were 3 females and 1 male. In summary, 142 male and 86 female patients were registered between 1960 and mid-1992 at The Queen's Medical Center Registry.

CRCH

LeMarchand and his associates in the Epidemiology Program of the Cancer Research Center of Hawaii have the largest data base of melanoma patients in the State. As part of

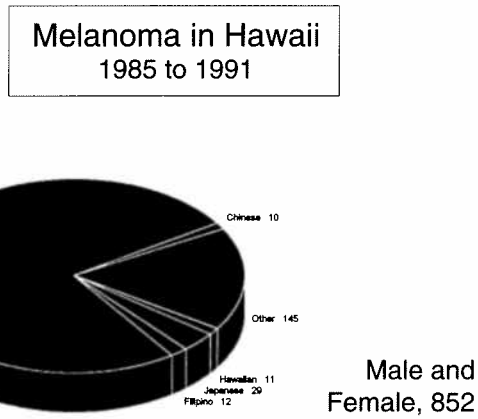
their dietary studies relating to cancer, they have examined 500 melanoma patients between January 1986 and June 1992. There were 306 males and 194 females in their study:

Table 2		
Ethnic Group	**Male**	**Female**
Caucasian	279	174
Hawaiian/Part Hawaiian	12	7
Japanese	8	6
Chinese	3	5
Filipino	1	2
Unknown	2	0
Other	1	0
Totals	306	194

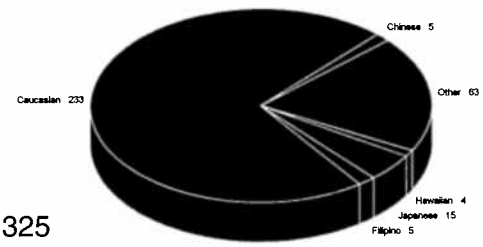
HMA-Hawaii Tumor Registry

HMA-HTR is supported by the American Cancer Society , Hawaii Pacific Division, the Cancer Research Center at the University of Hawaii John A Burns School of Medicine and by the State Department of Health. HMA-HTR recorded 852 melanomas diagnosed between 1985 and 1991. In this 7-year period there were 527 males and 325 females. As anticipated, the majority were Caucasians (645) with 412 males and 233 females; the data clearly indicates other racial groups do get melanomas in Hawaii.

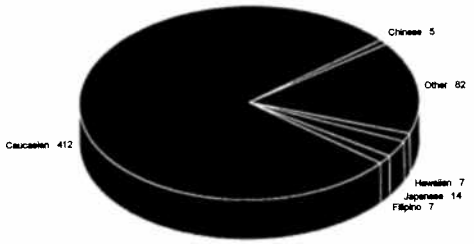
Regrettably there were 137 unknown races, but most can be assumed to be Caucasian. The complete data from the HTR include 15 different types of histologic codes for the 852 melanomas. This will be reported elsewhere.



Male and Female, 852



Female, 325



Male, 325

Two rare but very significant types of melanomas deserve special mention here: there were 6 amelanotic melanomas (5 Caucasian and 1 Hawaiian). These are melanomas without the melanoma color, ie had normal skin color.

There were also 4 acral lentiginous melanomas: 3 in Filipino men and 1 in a Hawaiian. These usually are seen on the sides of the sole of the foot in members of the dark-skinned races.

The worldwide increase of cutaneous malignant melanoma is rising faster than any other cancer[3]. But as Koh et al[4] have noted, most registries record data from patients admitted to hospitals and/or from biopsies interpreted in hospital-based laboratories.

This study clearly shows that Hawaiians and part-Hawaiians are developing melanomas.

Melanoma data from a private dermatology practice

In preparation for the "Practice Safe Sun—Hawaii" campaign for the American Cancer Society Hawaii Pacific Division, we were asked to review our melanoma cases.

During the years 1972 to 1993, we practiced Dermatology in downtown Honolulu; we have always seen a wide diversity of ages, ethnic groups and occupations. We were seeing more patients with melanoma over the years but the actual data really astounded us.

Table 3:		
Ethnic Group	**Male**	**Female**
1969	2	2.0
1970-1975	5	1.0
1976-1980	19	3.8
1981-1985	20	4.0
1986-1990	37	**7.4**
1991-1992	11	5.1

Some of these melanoma cases were diagnosed and treated by either oncological or plastic surgeons in Hawaii or on the Mainland and were referred to us for follow-up. About 80% were diagnosed in our office.

There were 56 male and 38 female patients; of the 94 patients examined, 87 still are living, 5 males and 2 females have died. As expected, the racial rainbow of skins included a vast majority of Caucasians (86); 4 of Japanese ancestry, 2 Chinese, one Latin-American and one Hawaiian.

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What Do These Statistics Mean?

According to the Skin Cancer Foundation, the death rate from malignant melanoma has more than doubled since 1950[5]. Given the current life expectancy of persons and the increasing rates of malignant melanoma, it is estimated that 1 out of 200 Caucasians living in the U.S. in the year 2000 will have a melanoma.

However, as we have seen by the above data, melanomas are not the private domain of the Caucasian. All races are susceptible to melanomas, basal cell cancers and squamous cell carcinoma.

With early diagnosis and proper treatment, the diagnosis of melanoma need not be a death warrant. Hawaii physicians must be aware of the clinical characteristics of melanoma, basal cell and squamous cell cancers. They must help their patients become a part of the health team. Patients must be given brochures to teach them to look for the early signs of melanomas and skin cancers.

Brochures with excellent color photographs are readily available from the American Cancer Society, The Skin Cancer Foundation, The Skin Phototrauma Foundation and from members of the Hawaii Dermatological Society.

Patients must be taught that the regular daily use of sun protectives with an SPF of 15 or higher not only will reduce the aging effects of the sun in Hawaii, such as wrinkles and actinic keratoses, but will reduce the chances of getting skin cancer and melanoma. Children who are taught to brush their teeth on a regular basis should also be taught to put on sunscreen every morning.

Avoidance of noontime outdoor activities is a must for residents and visitors alike. There are dozens of activities that can be enjoyed indoors during the peak ultraviolet-ray exposure hours of 10 AM to 3 PM. Protective hats and lightweight garments now are readily available if patients must be out in the open at "high noon."

We should not scare our residents and tourists away from the beaches and the great outdoor activities in Hawaii, but we must educate them to enjoy these activities—in moderation and with common sense.

We must "Practice Safe Sun—Hawaii."

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